PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Doo	cket Number
11100	
AHPOS	517[7[1
1 SI CHE LO	MAOIG

		CLAIMS AS	FILED - (Column		(Colui	mn 2)		MALL EN		OR	OTHER SMALL I	
ТО	TAL CLAIMS	18	<u>.</u>				Γ	RATE	FEE		RATE	FEE
FOR		NUMBER	NUMBER FILED NUM		ER EXTRA	E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		minus 20= *		· 1	. 10		X\$ 9=	0	OR	X\$18=	6	
INDEPENDENT CLAIMS		↑ minus 3 =		* /	8		X40=	321)	OR	X80=	640	
MULTIPLE DEPENDENT CLAIM PRESE		RESÈNT			Ī	+135=		OR	+270=			
* If th difference in column 1 is le		ess than zero, enter "0" in column 2		J.	TOTAL		OR	TOTAL	750			
	C	LAIMS AS A	MENDE	MENDED - PART II					OTHER THAN			
		(Column 1)		(Colu		(Column 3)		SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T O! A!!!4			X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUIPLE DE	PENDEN	CLAIM			+135=	-	OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	,	ADDIT. FEE		1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1	+135=		OR	+270=	
						_	L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE		_	ADDII. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	***		=] [X\$ 9=		OR	X\$18=	ï
AMENDMENT	Independent	•	Minus	***		=	11	X40=		OR	X80=	
Ľ	FIRST PRESE	ENTATION OF M	IULTIPLE DI	EPENDEN	NT CLAIM			+135=		1	+270=	
	If the entry in colu	umn 1 is less than t	the entry in co	olumn 2, wr	it "0" in c	olumn 3.		+135=		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

DATE 120403		R	ECEIVED
TO. OIPÉ			DEC 0.8 2003
FROM: Office of Initial Patent Exam	mination	TECH (CENTER 1600/2900
SUBJECT: Fee Due			
APPLICATION NUMBER: 04)7	4936		•
A fee is due for the attached document so Office for the following reason. Please cauthorization to charge a deposit account charge the appropriate fee. If an authorizative fee deficiency.	The applica	ttion for i	the appropriate
Ci Insufficient fee by check			
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U Declined credit card			
☐ Non authorization for charge to deposi	l account	·	
☐ No fee submitted per requirement *		•	
The correct fee code: 1251	amount	\$	00.00
The suspended fee code: 197	amount	- \$	
Fee Due	amount	=\$_	110.00
If you have any questions, please contact Cy Eleanor Kurtz at 703-308-3642.	nthia Streater at	703-306	-5430 or
Terminal Operator	VIN		